MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3966
1. PLACE OF DEATH	(2-a) V
county (harles	Registration Dist. No. 105
Village or City Dentsville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Susan Butter	
(a) Residence; Np.	St., Ward.
(d) nesidence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (currice the word)	21. DATE OF DEATH (Month) (Pay) (Pay) (Pay)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from
	last saw h. alive on in allendance: death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
8-3 - \(\)	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Date of onest
work was done, as SILK MILL,	Primary Cause: Cerebial Removed rogs,
10. Date deceased last worked at Sartal 11. Total time (years) spent in this year) occupation	of short duration owife.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) md Charles Co	General Dibelity
13. NAME Unlemon	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Underown	23. If death was due to externat causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
17. INFORMANT JUM Bone (Address) Brianlown	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sryaulom Date 4/13, 136	Manner of injury
19. UNDERTAKER There & Regard (Address) Walshy which	24. Was disease or Injury In any way retated to occupation of deceased?
20. FILED 4/13 , 1936 M. R. Mours	(Signed) Waldorf M.D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier metal conditions, if any, related to the principal cause and any important complication of the principal cause. Under other complication of the principal cause. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1321	Run over by street car	1 week ago
Cerebral hemorrhage	J. 5,D27	Peritonitis	3 days ago
			12
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

DEVENOUS DESIGNATION OF THE PERSON OF THE PE			3962
PLACE OF DEATH	194	STATE OF CERTIFICATE	
County & lanely		Y	-1/
		Registration	Dist. No.
Village or City Smedich (No.		St.: Ward	(If death occurred a hospital or institution, give its NAME i
2 FULL NAME June Coll, J.	V		stend of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MI	EDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DE	EATH Office ((Day) (Year)
6 DATE OF BIRTH	17 ALL HE		tended the deceased fro
(Month) (Day) (Year)	that I last saw	h sixedive on life	2. 3 1986 2. 3
7 AGE [If LESS tha	***	occured on the date stated	above, at 10 30 /1
yrs. mos. 3 ds. or min.		LICAL STEEL	· Berth-
B OCCUPATION (a) I rade, profession or			
particular kind of work	Congenit	I supplilies cent	9
business, or establishment in	J	(Duration)	7/50
which employed or (employer)	Contributor	11000)
9 BIRTHPLACE (State or country)	Secondary	Mary	
Mas a Mid		(Duration)	. yrs mos.4
10 NAME OF FATHER	(Signed)	11/11/0	wace M.
II BIDTHOLAGE WILL COLL	- april	1996 (Address) Afra	ue und
H OF FATHER AD A 1	*State t	he Discase Causing Death	. or. in deaths from
	Violent Caus	s, state (1) Means of I nicidal or Homicidal.	njury and (2) whether
OF MOTHER 16	18 LENGTH O	F RESIDENCE (For Hosp	itals, Institutions, Tran
13 BIRTHPLACE	ients or Rece	ent Residents)	
OF MOTHER PLANE	At place of deathyrs	ds. \land \ln th	e ateyrsmes
(State or country)	Where was diseas	e contracted.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place	er death?	
(Informant) There Extits	usual residence	***************************************	
(Informant) / Turky Children	19 PLACE OF E	URIAL OR REMOVAL	DATE OF BURIAL
(Address) March Ma	Mean	negleoley, red	april 1934
45 Mary 8 1100	20 UNDERTAK	Henry Estell	ADDRESS
Filed 4/10/36 192 Cora Ohigh Clean Registrai	- In	midutakin	Truesco, n

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. A.

(Approved by U. S. Census and American Public Health Association.)

taborer Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) should be used only when needed. As examples: 'a' nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer [rcor given up on account of the DISEASE CAUSING DEAPILgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken; worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Pealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. the first line will be sufficient, e.g.. Farmer or Planter, fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Foreman, For many occupations a single word or term on Compositor, Architect, (b) Automobile factory. The material For persons who have no occupation Salesman. (b) Locomotive engineer, But in many Grocery,

Statement of Cause of Death—Name, first, the Dis-RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrogeor (the only definite synenym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lubar pneumonia, Bronchopneumonia ("Pneumonia,")

> Oncordent; Revolver wound of head -homicide; Poisoned by AS. Lewwws) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Hacmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Meusles (disease approved by Committee on Nomenclature of the Recommendations on statement of cause of cardolic acid-probably suicide. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles inges, peritonacum, etc., Carcinoma, can be ascertained as the cause. Always qualify all causing (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely Whooping (name origin; "Cancar" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) cough; or intercurrent) Chronic The nature of the injury etc. affection need valvular heart disease; The contributory Sarcoma, not be death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	958
County Charles	Registration Dist. No. 102
Village or City Waldorf Ind	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsyrs.	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Rate C. Cxx	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fr I died not cottems her, Saw her afterd
6. DATE OF BIRTH (month, day, and year) Oprio 9-186	I last saw h alive on, 19, 19, death is s
7. AGE Years Months 3 Days If LESS than 1 day	and the state of t
8. Trade, profession, or particular kind of work done, as SPINNER, Cut home. SAWYER, BOOKKEEPER, etc.	Duprow Heart Distore
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltimore Ind. (State or country)	Other Captributory Causes of importance: Acute Assatignation
13. NAME Wylenswn Jacobs 14. BIRTHPLACE (city or town)	
(State of country)	Name of operation
15. MAIDEN NAME UNILLOW	23. If death was due to external causes (VtOL ENCE) filt to also the following:
15. MAIDEN NAME Unlinoun 16. BIRTHPLACE (city or town) Baltamas Ind	Accident, suicide, or homicide? Date of Injury
7. INFORMANT DECEST A Color Rd Pikewiller	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL PLACE PLACE PLACE PLACE 16 193	Manner of injury Nature of Injury
19. UNDERTAKER Decent & Place	24. Was disease or injury In any way related to occupation of deceased?
20. FILEGER 13, 136 Th. P. France S. Registrar	(Signed) A MOULE M (Address) DAQ DA A
If more blanksare needed, address State Registr	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits/can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week age
July 5, 1927	Peritonitis	3 days ago
*	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915	of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3060
1. PLACE OF DEATH	9950 4
County Co	Registration Dist. No. 105
Village or City near (1) hete la	St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where daeth occurradyrs,mos.	now long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME The Party of the P	/
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Ozeff Guing Daly	22. I HEREBY CERTIFY, That lattended decaased from
6. DATE OF BIRTH (month, day, and year) august 3, 185-5	(last saw h 2 elive on Jel (2 , 1936; daeth is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to heve occurred on the date stated above, at 200 p.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of importance were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER. And Kover wife SAWYER, BOOKKEEPER, etc.	aronosdelogo
4 4 9 Industry of pusiness in which	Myoraldy
work was done, es SILK MILL, SAW MILL, BANK, etc.	4
SAW MILL, BANK, etc	
yoar) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) ALLY (State or country)	
II 13. NAME JUNO MONOCO	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was thara an auropsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) ✓ (State or country)	Accidant, suicide, or homicida?, 19, 19, 19
17. INFORMANT archie David	Where did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDOSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Pleca Date 19	Nature of injury
19. UNDERTAKER (Address)	24. Was disaase or injury In any way raleted to occupetion of deceasad?
20. FILEDCIPE W, 1936 M. R. Registrar.	(Signad) All Aduration M.D. (Address) Route a Marketta
If more blanks are needed, address State Registrar,	24.11 N. Charles Street, Balimore, Requesting V. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
- 11	of importance were as follows:	
1915	Attack of epitepsy	1 week ago
1921	Run over by street car	1 week ago
5 July 5,1927	Peritonitis	3 days ago
Madiring or opens of		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	S July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 39	70
1. PLACE OF DEATH		<u> </u>	
County Chashi	·	Registration Dist. No.	4
Village or City	Tomanely	NoSt.,	Ward
Langth of residence in city or town where dea		death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME Still	Nom En	lelen	
(a) Residence: No.		St., Ward,	
	(Usual place of abode)	If nonresident give eity or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Famale 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 - 3 - (Month) (Day)	, 193. 6. (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended	deceased from
	-2-(2/	Libetany b elivers 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h alive on, 19, 19	; death is said
7. AGE FEBTS MORRIES	1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		J	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			
WOLK WAS GOLD WILL.			
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
1-	2.	Other Coatributory Causes of Importance:	
12. BIRTHPLACE (city or town)	<i>-</i> 4		
1 11 11	2 2		
II 13. NAME WHILE Z	delin		
13. NAME USAMA E	de	Nama of operation Date of	
(State of country)		What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Culture 16. BIRTHPLACE (city or town)	in moore	23. If death was due to external causes (VIDL ENCE) fill In also the following	
16. BIRTHPLACE (city or town)	mil.	Accident, suicide, or homicide? Date of injury	19
≥ (State or country)		Where did Injury occur?	
17. INFORMANT Cathery (Address)	Solling	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place for flymen	Bate 4 -3 - 19 34	Nature of injury	
19. UNDERTAKER ATTIME (Address)	deline lle	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 4 - 3 -, 19 3 6	P. Le Dygden Registrar.	(Signed) A.	л м. D.
If more bl.	anks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CERTIF	ICATE	OF	DEATH

STATE OF WARTLA	ששש	CERTIFICATE OF DEATH	
1. PLACE OF DEATH			
County (Mash		Registration Dist. No.	4
Village or City La Stata	1	NoSt., 'St.,	
Length of residence In city or town where death occurredyrs	mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME SUU (VOm (Lu	would the same of	
(a) Residence: No. (Usual place of abode)		St, Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	OWED, ne word)	21. DATE OF DEATH 4 — Elements (Day)	93_ 1 6
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That attended dec	
C DATE OF BIBYI (mostly day and year) 4 - 26 - (76		
6. DATE OF BIRTH (MORAII, dey, and yeer)	ESS then	to heve occurred on the dete steted above, atm.	eetii 13 seid
1 day,	hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence	Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER,		and have	
SAWYER, BOOKKEEPER, etc		m fammer -	
work wes done, es SILK MILL, SAW MILL, BANK, etc.			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupetion (month end year) Occupation Occupation)		
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importence:	
4. BIRTHPLACE (city or town)		Name of operation Date of	
A		Whet test confirmed diagnosis? Wes there en euto	psy?
16. BIRTHPLACE (city or town) And 1		23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of Injury	., 19
∑ (Stete or country)		Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION OR REMOVAL	. 7/	Manner of injury	
Place Dete 16	19.6-6	Nature of Injury	
19. UNDERTAKER Dut Gashle (Address)		24. Wes disease or injury in eny way related to occupation of deceesed?	
20. FILED 4 -24-, 19 31 Y. R. Hydel	Registrar.	(Signed) Pho Hayden	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	This
Gallstones	May 1,1923	Gastroenteritis	1 year

Vil	Hage or City Judian Head,	St.: Ward) St.: Ward) (If death occurre a hospital or institution, give its NAM) stead of street number.)
-	2FULL NAME Trances Hoffe	number.)
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	Male While Single Married Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH Spril 9 193 (Month) (Day) (Year
6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased in the latter of the l
	(Month) (Day) (Year)	that I last saw h walive on Ohr 14, 196
7 /	yrs. mos. \$5 ds. or min.?	The CAUSE OF DEATH * was as follows:
P	Trade, profession or particular kind of work by General nature of industry pusiness, or establishment in which employed or (employer)	(Duration)yrsmos.
P O b v	b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Andism Head, Md.	Contributory Secondary (Duration) yrs. mos
P O b v	b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary (Duration) (Signed) (Signed) (Signed)
P O b v	Described Reserved For State or country) 10 NAME OF FATHER Lorge Hospitals For State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 State or country) 13 State or country) 14 State or country) 15 State or country) 16 State or country) 17 State or country) 18 State or country) 19 State or country)	Contributory Secondary (Duration) yrsmos
NTS 8	Described Reserved For State of Country) 10 NAME OF FATHER Lorge Hopfman. 11 BIRTHPLACE OF FATHER (State or country) President State or Country) 12 MAIDEN NAME OF MOTHER OF	Contributory Secondary (Duration) yrs
ARENTS 6 A GOOD	Described Reserved Re	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or in deaths free Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death
PARENTS	Described Reserved Re	Contributory Secondary (Durstion) (Signed) *State the Disease Causing Death, or, in desths free Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs mos ds State yrs mos ds yrs mos ds State yrs mos ds yrs mos yrs yrs yrs mos yrs yrs yrs mos yrs yrs.
PARENTS 6	Described Reserved For State of Country) 10 NAME OF FATHER Lorge Houstow, Unique of FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER (State or Country) 16 MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) 17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths free Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of deathyrsmosds. \ In the Stateyrsmos
PARENTS 6	Described Reserved For State or country) 10 NAME OF FATHER Grand For State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER 15 BIRTHPLACE OF MOTHER (State or Country) 16 MOTHER OF MOTHER OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in desths free Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Spinner, fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on 398). Farm loborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal minc, etc. Wom-6 Grocery,

Strtement of Cause of Death—Name, first, the Dis-EAR I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," inges, peritonacum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," Old Age, Duoca, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, taken. diseases can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping American Medical Association. Examples: Accidental drowning; Struck by roilway troin-(secondary or intercurrent) Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from ehildbirth or miscarriage " "Marasmus," "Old Age," "Shock," cough; Chronic Example: Mcasles (disease etc. The contributory affection need not be valvular heart diseose; Nomenclature Measles;

At this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

	PLACE OF DEATH	
0	Mannes	CERTIFICATE OF DEATH
C	County AM	Registration Dist, No.
	Parel 6	Alegiotration Dist, 140,
Vill	lage or City (No. (No.	St.; Ward) (If death occurr a hospital or in
	1. 1. 1.	tlon, give its NAM stend of street
	2 FULL NAME MM. Mances Ma	mumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	MARRIED, MARRIED, WIDOWED MARRIES	Je 7, 198
2	MALO WILL OR DIVORCED (Write the word)	(Month) (Day) (1) 17 I HEREBY CERTIFY, That I attended the deceased
6 D	ATE OF BIRTH	
	Track al even	
	(Month) (Day) (Year)	that I last saw h, alive on,
7 AC		and that death occurred on the date stated above, at
	I dayhrs.	The CAUSE OF DEATH & was as Callanna
A		was called found palmer de
	CCUPATION a) Trade, profession or	Organia lieure Tuante
J.	articular kind of work INWAN WONNEY	
	b) General nature of industry usiness, or establishment in	(Duration) 2 vis. inos.
Di	usiness, or establishment in navy yards	Contributory Antiques Columbia
Di	usiness, or establishment in many war	Contributory Atterio College Secondary
Di	usiness, or establishment in Many yards which employed or (employer). Navy yards IRTHILACE (State or country) Massle De.	Contributory Atterio Melenosey
Di	usiness, or establishment in navy yards which employed or (employer). Navy yards	Contributory Atterio Melenosey
9 B)	usiness, or establishment in navy yards which employed or (employer) navy yards IRTHITLACE (State or country) IO NAME OF FATHER Gray Mathicon	Contributory Atleric Melenoses Secondary (Signed) Mr. 24. 1986. (Address) Advanced Mr. 24. 1986. (Address) Advanced Mr. 24. 1986.
9 BI	usiness, or establishment in navy yards which employed or (employer). Navy yards (State or country) Justle OC.	Contributory Atleric Melenoses Secondary (Signed) Mr. 24. 1986. (Address) Advanced Mr. 24. 1986. (Address) Advanced Mr. 24. 1986.
BI BI	11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME University of the country	Contributory Secondary Puration Contributory Secondary Puration Contributory Secondary Puration Contributory State the Disease Causing Seath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal.
9 Bi	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Washington, PC	Contributory Secondary Duration C. yrs mos. (Signed) *State the Disease Causing Beath, or, in deaths from Yolent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, 2)
ARENTS	11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME University of the country	Contributory Secondary Secondary Duration C. yrs. mos. (Signed) State the Disease Causing Beath, or, in deaths frow Yolent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Sients, or Recent Residents) At place
PARENTS	10 NAME OF FATHER Quoyer Mathraon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary Duration Contributory Secondary (Signed) *State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Sients, or Recent Residents) At place of death yrs. mos. da. In the State, yrs. mos.
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER 14 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	Contributory Secondary Duration O yrs mos (Signed) *State the Disease Causing Beath, or, in deaths fro Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients, or Recent Residents) At place of death yrs mos da. State, yrs mos Where was disease contracted, if not at place of death?
PARENTS	10 NAME OF FATHER Quoyer Mathraon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary Duration Contributory Secondary (Signed) *State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos.
PARENTS	usiness, or establishment in Navy Yards which employed or (employer). Navy Yards IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	Contributory Secondary Duration C. yrs. mos. (Signed) *State the Disease Causing Beath, or, in deaths fro Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. Where was disease contracted, if not at place of death? Former or
STN WAR	10 NAME OF FATHER Quyer Makington, PC, 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER Quinty 13 BIRTHPLACE OF MOTHER Quinty 14 BIRTHPLACE OF MOTHER Quinty 15 MAIDEN NAME OF MOTHER Quinty 16 MOTHER Quinty 17 MAIDEN NAME OF MOTHER Quinty 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME Quinty 10 MAIDEN NAME Quinty 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Quinty 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary Duration Contributory Secondary (Signed) *State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients, or Recent Residents) At place of death yrs. mos. da. In the State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence.
9 BI	10 NAME OF FATHER QUOYET WAShington, PC. 11 BIRTHPLACE OF PATHER (State or country) 12 MAIDEN NAME OF MOTHER QUARTER (State or country) 13 BIRTHPLACE OF MOTHER QUARTER (State or country) 14 MAIDEN NAME OF MOTHER QUARTER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Contributory Secondary Duration Contributory Secondary (Signed) *State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients, or Recent Residents) At place of death yrs. mos. da. In the State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence.
9 BI	usiness, or establishment in Navy Yards which employed or (employer). Navy Yards IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	Contributory Secondary (Signed) State the Disease Causing Beath, or, in deaths fro Violent Causes, state (1) Menn of Injury; and (2) wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients, or Recent Residents) At place of death yrs

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yes.). For persons who have no occupation, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the nisease causing meath, gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons euployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cutton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed Civil engineer, Stationary fremen, etc. But in many fulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ture trainment of cause of death approved by Committee head quences (e.g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway and qualify as accidental, suicinal, or Homicinal, or can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Poisoned by carbolic acidas probably such, if impossible to determine definitely taken. For VIOLENT DUATHS State MEANS OF INJUBI State cause for which surgical operation was under "PUERPERAL seplicaemic," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Enhaustion," "Heart failure." "Haemor conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, vulsions," Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be of the injury, as fracture of skull, and conseof "contributory." -accident; Revolver wound of head-homicide; "Debllity" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcastes -probably suicide. "Anaemia" (second-(mercly (disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MA	RYLAND—	CERTIFICATE	OF DEATH	3974
00 0		(36)	Registration Dist. No.	100
Village or City La Plata		No.	negistration Dist. 140.	St Ward
	(16	death occurred in a hospital or institu	ution, give its NAME instead of	street and number)
Length of residence In city or town where death occurred.			of foreign birth?yrs.	ds
	marria Ma	tthews	X	
(a) Residence: No. La Plana Pl	ace of abode)	St., Ward.	If nonresident give city of	town and State
PERSONAL AND STATISTICAL PAR		MEDICAL C	ERTIFICATE OF D	
	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	Operic 23	, 193.6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0		Y CERTIFY, That	l attended deceased from
5. DATE OF BIRTH (month, day, and year) Coril 22 7. AGE Years Months Days	If LESS than 1 day,hrs.	I last saw h alive on to have occurred on the date state The PRINCIPAL CAUSE OF DEA	ed above, at 725 Pm.	., 19.3.6.; death is sai
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ormin.	acute rheum	atic Lever	Date of onse
9. Industry or Dusiness in Which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	al time (years)			4-13-3
tina occupation (month and	occupation	Other Contributory Couses of imp		
1		Pend	Tussis	12-15-3
	Co., mol.	Name of operation		. 1
15. MAIDEN NAME Dione		23. If death was due to external car		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Co., ma.	Accident, suicide, or homicide? Where did injury occur?		
17, INFORMANT Cecelia Gray (Address) La Plata	me.	Specify whether injury occurred i	(Specify city or town, cour n INDUSTRY, in HOME, or in F	oty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place There tous Constypate Of	22175,136	Manner of injury		
19. UNDERTAKER C. W. Robers (Address) Bel altri	md	24. Was disease or injury in any w	vay related to occupation of dec	ceased?No
20, FILED april 15, 1936 Lillian	Dosey		a Plata M	anagh M.

2000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ī	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B.

item of infor-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 3975
1. PLACE OF DEATH	(159)
County Chas	Registration Dist. No. 108
Village or City Maleolm	which is a recommendate to the arrangement of \$150 period religion.
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	ds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME Infaut Prov	etest
(a) Residence: No. Malcolin	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4/12/36, 193 (Month) (Dev) (Yeer)
5a. If married, widowed, or divorced	(month) / (bey) (reel)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
21	apr 11 , 1936, to apr 12 , 1936
6. DATE OF BIRTH (month, day, and year) Upr. 11, 30	I lest saw h alive on
7. AGE Years Months Deys If LESS than 1 dey,hrs	to have occurred on the dete steted above, et
ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tremature both
9. Industry or business in which work was done, as SILK MILL,	
DO SAW MILL, BANK, etc. 1D. Data deceased last worked et this occupetion (month end yeer)	
Chas Pa	Dithar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	Thurs office
13. NAME Walter, Crostore	- as guer menures
E Tracky water	
(Steta or country)	Neme of operation
- A MAN	What tast confirmad diegnosis? Wes there en autopsy?
I	23. If death wes dua to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Charles (Stete or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dedney Celep	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) and American OR REMOVAL	
Place at Avail Date 4/12 1931	Menner of injury
Mat (D) 1.	recure of injuly
19. UNDERTAKER Patter Proctor	24. Was diseasa or injury In eny way related to occupation of decaesed?
(Address) Malcolygy, Mid	If so, specify
20. FILED 4/14, 1936 Em Chappelear	(Signed) Cora Chappelish auto 104

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1836	July 5,1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4	PLACE OF DEATH/	1110
1.	County Charles	820 X
	Village or City Provide	No. Registration Dist. No. St. War
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosd
2.	FULL NAME Jour Cokardens	N. K.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	wede bolon OR DIVORCED (write the word)	21. DATE OF DEATH Off (Day) (Year)
5a, 11	married, widowed, or divorced HUSBAND of (or) WIFE of Calcares Roberts	22. I HEREBY CERTIFY. Thet I attended decessed fro
6. D/	ATE OF BIRTH (month, day, and year) UNITED 1864	I last saw h alive on
7. AC	Years Months Days If LESS then 1 dayhrs.	to have occurred on the date stated above, etm.
	100 Cheefins length of min.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
NOIL	8. Trede, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	Ordral Phochles
PAT	9. Industry or business in which work was done, as SILK MILL,	good of Joseph
15	SAW MILL, BANK, etc	no physician in
ŏ	this occupation (month and spent in this year)	dettendance.
12. B	IRTHPLACE (city or town) Cookies (State or country)	Other Contributory Causes of importence:
HER	3. NAME (entire)	
	4. BIRTHPLACE (city or town)	Neme of operation Date of
	(State or country)	What test confirmed diagnosis? Wes there an autopsy?
OTHER	15. MAIDEN NAME Margy Cocking	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
Q I	(State or country)	Accident, suicide, or homicide?
17. 11	NFORMANT Brang Colyadown	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. B	URIAL, CREMATION, OR REMOVAL	Manner of injury
	Piece Description Dete Dete J., 1976	Nature of injury
19. U	NDERTAKER (Address)	24. Was disease or things in any way related to people of the contract of the
20. F	unto ril 5, 1936 Ston & Marldo	(Signed) Japanes (Jahren M.

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Example 1	11	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MM 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1991	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1

00

M

PLACE OF DEATH	STATE OF MARYLAND
County Magallo	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 108
A which	
Village or City Julean (No.	St.: Ward) a hospitul or institu
2FULL NAME James Madique	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
TEC 22, 1858	Jull 2 136 to March 14 , 196
(Month) (Day) (Year)	that I last saw h surplive on My Mile. 12
7 AGE [If LESS than I day hrs.	
78 yrs. 3 mos. /9 ds. or min.?	
S OCCUPATION (a) Trade, profession or particular kind of work Alam was Ollipur	Jente Relation
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
BIRTHPLACE	Contributory Current Turner
(State or country) Juntiel Miss	(Duration) 3 yrsmosds
10 NAME OF	(Signed) MMARINE M. D
FATHER JAMES M. ROSCH	afre 14 186 (Address) Africaco hus
OF FATHER C (State or country)	*State the l'is ase Causing Weath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MONEY COM Server West	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country Charles Country Moreland	of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease commetted, It not at place of deah?
(Informant) Silveyter M Roach	Former or usual residence
(Address) Smilliel Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 4/16/36 192 Con Chaptellan, Registras	a. J. Princes Han aguaceous
If more blanks are needed, addre.s htate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Sensus and American Fublic Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servara, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House Physician, Compositor, Architect, Locomolive engineer whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The materia 6 Grocery;

s, inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") ferer (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopmeumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(E.:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underean be ascertained as the eause. Always qualify all Whooping as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) Examples: Accidental drowning; Struck by railway trainapproved by Committee on Recommendations on statement of cause of death elanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease Nomenclature

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	3978
EATH		- wa		1	

1. PLACE OF DEATH	- COLED V
County Charles.	Registration Dist. No. 103
Village or City Wiconico -	NoSt.,Ward
Length of residence in city or town where death occurred /	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ellen K. Simpson	
(a) Residence: No. Wicomico - md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 22, 191 36.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blugamin Sunpage.	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Capacity 13 - 187/ 7. AGE Years Months Days If LESS than 1 day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, Journal SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this	Typation Caramoma ?
12. BIRTHPLACE (city or town) Many land (State or country)	Dther Contributory Causes of importance:
	_
13. NAME Ames Nenry Hoode 14. BIRTHPLACE (city or town). Many land (State or country)	Name of operation None Dete of What test confirmed diagnosis? Was there an autopsyllie
15. MAIDEN NAME Ellen C. Teurner.	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN: NAME Clen ? Jenner. 16. BIRTHPLACE (city or town) May land (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Benjamin Dinform - (Address) Wilkomica main lurch	(Specify eity or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Suntly Countary Oate Capul 25, 19 3	Menner of injury
19. UNDERTAKER Q. Q. Welch (Address) Chapters may level	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Teff. 23, 36. J. P. Lipe peix. Registrar.	(Signed) Claretto Manyland M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis MAY 7 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:	1 100	
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	3975
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1. PLACE OF DEATH	CERTIFICATE OF BEATTY () ()
County Charles	Registration Dist. No. 10-4
POD	
Village or City of the City (If	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dowling R. Thom	ine ,
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 - 3 - 102 6
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(VI) THE VI	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 4-3-3-6	I lest sew h; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atfCm.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER	g
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Intern
3. Industry of Dusiness in which	Except, very reak at firstly a
10. Date deceased last worked at	Cut R.
O this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:
(State or country)	
W 13. NAME In Phone	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CALLE MOONE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
Stete or country)	Where did injury occur?
17. INFORMANT IT Thomas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Dankementh	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of Injury
19. UNDERTAKER ELIZATE MODELLA	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Romer Charles	If so, specify
20. FILED 4 - 4 - 19 3 6 P. L. Ampleon	(Signed) . T. T. Typelien M. D.
Registrar.	(Address) Mayasah

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	[Example II	
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Chronic interstitial apporting C. F. V. F. D.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH 3980	
1. PLACE OF DEATH		82:0	
County Market	D	Registration Dist. No.	
Village or City	manle	NO. St., f death occurred in a hospital or institution, give its NAME instead of street and number	War
Langth of residence in city or town where dae		ds. How long in U. S. If of foreign birth?yrsmos	
2. FULL NAME & du Zi	wmae		
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE 5		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
7 13	OR DIVORCED (write tha word)	april 4 , 193.	(z Yaar)
5a. It marriad, widowed, or divorced HUSBAND of (or) WIFE of	omar	22. I HEREBY CERTIFY, That I attended decaas	ad fro
6. DATE OF BIRTH (month, day, and year)	Jan 1858	I lest saw the falive on present 19 ; deat	
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated abova, at	
78 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	otons
S. Frada, profession, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	<i>~~</i>	apolity June 19	3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		J ()	
10. Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation	Othar Coutributory Causes of Importanca:	
12. BIRTHPLACE (city or town) (State or country)	(Other Contributory Course of Importance.	
II 13. NAME JULIA H. H	ell		
14. BIRTHPLACE (city or town)	ed.	Name ot oparation Data of	
(State of Country)	4-90	What tast confirmed diagnosis? Was there an autopsy	y?
15. MAIDEN NAME	K. thomas	23. If death was due to external causes (VIOLENCE) fill In also the following:	
[16. BIRTHPLACE (city or town)	nd.	Accident, suicide, or homicide? Date of Injury, 1	19
(Stata or country)		Whare did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address)	Ranelle	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OB REMOVAL		Manner of Injury	
Place Mary Tillian Cran	Date 4 6 1956	Nature of injury.	
19. UNDERTAKER Charge (Addrass)	allon	24. Was disaasa or injury In any way ralated to occupation ot decaased?	
20. FILED 4 - 4 -, 19 360 F	L. Angelien	(Signed) VE Je Handrey. (Addrass) Waynel	7 M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU Y. S.	July 5, 1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	15	
	M)	
1		

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 3981

1. PLACE OF DEATH	W.T.
County Charles Co.	Registration Dist. No. +0-0 101
Village or City Welcome, Md.	NoSt.,Ward
/ 2	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
O : O A: -0	
/	^
(a) Residence: No. Welcome tod: (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
THE THE PERSON AND TH	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(Or) WIFE OF Emmanuel Thompson	april 13 ,19 36, to april 18, 19 36
6. DATE OF BIRTH (month, day, and year) august 10, 1882	I last saw w en aliva on april 13 196 ; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at . 3
53 8 8 ormin.	wera as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which	Carcinama of esophagus
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Sylptone
10. Date deceased last worked at this occupation (month and page 1) 11. Total time (years) spent in this	opprand first in Jan., 3
this occupation (month and Dec., 1936) spent in this occupation 22	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Clarles Co., Md.	"Trouble with left bidney"
(Stata or country)	- nature undetermined: symptoms
13. NAME James TRampson	appeared Jan. 1936
14. BIRTHPLACE (city or town) Clas Co. 100.	Name of operation Data of Data of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Herrietta Proctor	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Herrietta Proctor	Accident, suicide, or homicide? Date of Injury, 19
★ (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Enough Thempson (Address) Welcome M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Thomas Date april 20, 1936	Nature of Injury
19. UNDERTAKER Hunt + Pyon	24. Was disease or injury in any way related to occupation of deceased? No
(Address) (Waldow Md.	If so, specify
20. FILED april /8, 1936 Lilleant Paser. Registrar.	(Signed) James L. Mackaranagh, M.D. (Address) La Plata M.D.
Acgment.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	1141
The principal caus of importance wer	se of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial	nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributor	y causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3982
1. PLACE OF DEATH	23
Village or City Men Spring Hu	Registration Dist, No. 100
(I)	Mon. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred J. yrs	ds. How long in U.S. if of foreign birth?yrsmos,d
2. FULL NAME form Will	lo
(a) Residence: No.	L St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED (write tha word) 5a. If married, widewed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Cox) WHEE of	22. I HEREBY CERTIFY. That I attended deceased fro.
the state of the same	Mue 10 ,1935, 10 april 16, 1936
6. DATE OF BIRTH (month, day, and year) Sept. 16-18/9	(I last saw h alive on applicate 6 , 19 36; death is sel
7. AGE Years Months Days If LESS than 1 dayhrs.	to heve occurred on the date stated above, at 122 m.m.
36 3 72 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
Trade, profession, or particular kind of work dono, as SPINNER, SAWYER, BOOKKEPER, etc.	1 A A
	Clade Internary lunder
9. Industry or business In which work was done, as SILK MILL, ST all Road.	1904.3
11. Total time (years) this occupation (month and fusion 14. Total time (years) spent in this year) 2/4.	bluculo
12. BIRTHPLACE (city or town) Chrs. ev. nel., (State or country)	Other Contributory Causes of Importance:
13. NAME Wesley Wills.	
13. NAME Wesley Wills 14. BIRTHPLACE (city or town) (Stata or country) Les Co William Co Willia	Name of operation Data of Data
	What test confirmed diagnosis?
The four the con-	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Lattle Wills (Address) Spring the will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ith Mest Toff Date Oful 8, 1936	Nature of injury
19. UNDERTAKER Hunt Off your (Address) Walkort June	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED april 17, 1986 dillian Macey Registrar.	(Signed) Oue 2 no van M. (Address) Caleatarud
If more blanks are needed, address State Registrar,	2421 N. Charles Street, Baltimore, Requesting 71 S. No. 1

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Date of onset	The principal cause of death and related causes of importance were as follows: Attock of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attock of epilepsy 1921 Run over by street car Fuly5,1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH County Charles Co.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 108
Village or City Su Goro (No	St.: Ward) (If death occurred a hospital or institution, give its NAME I stead of street or number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED GO (Write the word)	16 DATE OF DEATH Ofme 25-, 1936
6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Dsy) (Year). 17 I HEREBY CERTIFY, That I attended the decessed fro Office 2 2 196 to office 2 Z , 1936 that I last sew hamalive on Office 2 Z , 1936
7 AGE If LESS than I day hrs I day hrs or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. d
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Pall. Pares	Secondary (Duration) yrs mos d (Signed) A Company M.
STATHER (State or country) Charles Co. Mid.	*State the Discusse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mana Jaul 13 BIRTHPLACE OF MOTHER (State or country) 6 Resolved. 14000	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tremients or Recent Residents) At place of death yrs mos ds. In the State yrs mos mos control or state yrs mos mos mos mos mos mos mos mos mos mo
(Informant), Onic. Ben On	Where was disease contracted, if not et place of dee.h? Former or usuel residence
(Address) Chaloila Iface' Filed # 25 1936 Eara Chaffelon	Home foundres Du Ry in ghul 27 193
If more banks are needed, address State Registra	ar. 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from cases, gaged in domestic service for wages, as Servani, Cobbo work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may he entered Spinner, (b) Cottan mill; (a) Salesman, (b) Grocery (a) Foreman, (b) Autamobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer fre or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification at Day Grocery;

5

1936

Strtement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

State cause for which surgical operation was under-taken. For violent deaths state Means of INJULY as fracture of skull, and consequences (e. g., sepeis, redanus) may be stated under the head of "contributory." addident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-> and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcama, etc., of (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis af lungs, men-UERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection for malignant neoplasms); Measles; Chranic valvular heart disease; etc. The contributory need not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.